

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL MEMBER MADE OF SILICA GLASS, METHOD FOR MANUFACTURING SILICA GLASS, AND REDUCTION PROJECTION EXPOSURE APPARATUS USING THE OPTICAL MEMBER

described and claimed in the specification:

Check one

- *a. ☐ attached hereto.
b. ☒ filed on March 7, 2000 as Application No. 09/520,190 and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Number	Country	Day/Month/Year Filed
063258/1999	JAPAN	10 MARCH 1999
088488/1999	JAPAN	30 MARCH 1999
095982/1999	JAPAN	2 APRIL 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

Number	Country	Day/Month/Year Filed

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;
Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and
Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Note to Inventor: Please sign name exactly as it appears below and insert actual date of signing.

(1) INVENTOR'S SIGNATURE:

Norio Komine

Date:

June 15, 2000

Norio		KOMINE	
First	Middle Initial	Family Name	
Residence	Sagamihara-shi	Kangawa, Japan	Japan
	City	State/Foreign Country	Country of Citizenship
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*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

(2) INVENTOR'S SIGNATURE: Seishi Fujiwara Date: June 15, 2000

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(3) INVENTOR'S SIGNATURE: Akiko Yoshida Date: June 15, 2000

Akiko		YOSHIDA	
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(4) INVENTOR'S SIGNATURE: Hiroki Jinbo Date: June 15, 2000

Hiroki		JINBO	
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(5) INVENTOR'S SIGNATURE: Norihisa Yamaguchi Date: June 15, 2000

Norihisa		YAMAGUCHI	
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(6) INVENTOR'S SIGNATURE: _____ Date: _____

First	Middle Initial	Family Name	
Residence			
	City	State/Foreign Country	Country of Citizenship
Post Office Address (include Zip Code)			

(7) INVENTOR'S SIGNATURE: _____ Date: _____

First	Middle Initial	Family Name	
Residence			
	City	State/Foreign Country	Country of Citizenship
Post Office Address (include Zip Code)			

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.